Washington
Paid Family & Medical Leave
Employment Security Department

Application for Paid Family and Medical Leave

Before you begin

When you apply for benefits online, you can choose how to submit your weekly benefit claims (online or over the phone) and how to receive your benefit payments (direct deposit to your bank account or on a prepaid debit card). When you apply for benefits with a paper application, you are limited to:

1. Submitting weekly benefit claims over the phone by calling 833-717-2273.
2. Receiving your benefit payments on a prepaid debit card.

If you would like to file your weekly claims online or receive your benefit payments through direct deposit, you must submit your application online. Go to www.paidleave.wa.gov for more information.

The Paid Family and Medical Leave Benefit Guide provides information on how to apply for benefits and submit weekly claims. It also explains your rights and responsibilities under the law. Download the guide at www.paidleave.wa.gov/benefit-guide or request a copy by calling 833-717-2273.

Submitting your application

Mail your completed application, copies of your identifying documents, and any other supporting documents (certification of a serious health condition, designated authorized representative form, etc.) to:

Employment Security Department
Paid Family and Medical Leave
P.O. Box 19020
Olympia, WA 98507-0020

Questions?

If you have questions, please contact us at 833-717-2273 or email paidleave@esd.wa.gov. We are available Monday through Friday between 8:30 a.m. and 4:30 p.m.

帶薪家事假及病假申請表

申請前

在網上申請福利時，您可以選擇遞交每週福利申請的方式（網上或透過電話）以及接收福利款項的方式（直接存入您的銀行戶口或預付扣帳卡）。使用紙質申請表申請福利時，您只能：

1. 透過致電 833-717-2273 遞交每週福利申請。
2. 透過預付扣帳卡接收福利款項。

如果您想在網上申請每週福利或透過直接存入銀行戶口的方式接收福利款項，您必須在網上遞交申請表。詳情請瀏覽 www.paidleave.wa.gov 。

《帶薪家事假及病假福利指南》提供了關於如何申請福利及遞交每週申請的資訊。該指南亦解釋了法律賦予您的權利和責任。請前往 www.paidleave.wa.gov/benefit-guide 下載該指南，或致電 833-717-2273 索取副本。

遞交申請

請將您填妥的申請表、身份證明文件副本及任何其他支持文件（嚴重疾病證明、指定獲授權代表表格等）郵寄至以下地址：

Employment Security Department
Paid Family and Medical Leave
P.O. Box 19020
Olympia, WA 98507-0020

有疑問?

如有疑問，請致電 833-717-2273 或發送電郵至 paidleave@esd.wa.gov 與我們聯絡。我們於星期一至星期五上午 8:30 至下午 4:30 提供服務。

Washington
Paid Family & Medical Leave
Employment Security Department

Benefit application instructions

Personal and contact information section

Provide your name, Social Security (SSN), birthdate and contact information. The address you provide is where we will mail your prepaid debit card and other correspondence.

Employment information section

We'll use the information you provide to confirm you've worked enough hours to be eligible for leave.

- Employer name. The name of the business or organization you worked for.
- Unified Business Identifier (UBI) or Federal Employer Identification Number (FEIN). Find your employer's UBI by asking them for it, or by using the UBI look-up tool on the Department of Revenue's website (www.DOR.wa.gov).
- Employment start and end dates. If they're your current employer, leave the end date blank and check the box to indicate they're your current employer.

Leave information section

We'll ask for information about your leave request, including the type of leave you're requesting (medical, family, bonding after birth or placement of a child, or military exigency) and your expected start and end dates.

Can someone else complete this form for me?

You can authorize another individual to act on your behalf for the purposes of Paid Family and Medical Leave benefits. To do this, complete the Designated Authorized Representative form. Contact us at 833-717-2273 to get a copy of the form.

Reasonable accomodation or assistance

If you need a reasonable accommodation or other assistance to help you interact with our program, please let us know. Requests are handled through the Office of the Paid Family and Medical Leave Ombuds. To request an accommodation, email PFMLaccess@esd.wa.gov or call 833-494-2273, Washington Relay Service 711.

福利申請說明

個人資訊及聯絡方式部分

提供您的姓名、社會安全號碼 (Social Security Number, SSN)、出生日期及聯絡方式。我們會將您的預付扣帳卡及其他信件郵寄至您提供的地址。

就業資訊部分

我們將使用您提供的資訊來確認您是否工作了足夠長的時間以符合請假資格。

- 僱主名稱。您工作過的企業或組織名稱。
- 統一業務識別碼 (Unified Business Identifier, UBI) 或聯邦僱主識別號碼 (Federal Employer Identification Number, FEIN)。可透過詢問僱主或使用 Department of Revenue 網站 (www.DOR.wa.gov) 上的 UBI 查找工具獲得僱主的 UBI。
- 入職及離職日期。若該名僱主是您目前的僱主，請將離職日期一欄留空，並勾選方塊表明其為您目前的僱主。

請假資訊部分

我們將詢問有關您的請假申請的資訊，包括您所申請假期的類型（病假、家事假、嬰兒出生或安置兒童後的親子假、緊急軍事假），以及您希望假期開始及結束的日期。

可由他人代我填寫本表格嗎?

您可以授權他人代表您申請帶薪家事假及病假福利。為此，請填妥指定獲授權代表表格。如需獲取表格，請致電 833-717-2273 與我們聯絡。

合理的特殊照顧或幫助

如需合理的特殊照顧或其他幫助來幫助您與我們的計劃互動，請告知我們。申請會由帶薪家事假及病假專責員辦公室處理。如需申請特殊照顧，請傳送電郵至 PFMLaccess@esd.wa.gov 或致電 833-494-2273。

Washington
Paid Family & Medical Leave
Employment Security Department

Benefit application 福利申請表

To apply, provide the required information (*) requested below.	如需申請，請提供下方要求的所需資訊 (*)。
Personal information | 個人資訊	
First name* | 名字*:	**Middle initial | 中間名:**
Last name* | 姓氏*:	
SSN or ITIN | SSN 或 ITIN:	**Date of birth* | 出生日期*:**
Phone number* | 電話號碼*:	
Email address | 電郵地址:	
Preferred contact method* | 偏好聯絡方式*: ☐ Phone| 電話 ☐ Email | 電郵 ☐ Mail| 郵寄	
Can we leave a detailed voicemail message at the phone number you provided?* | 我們是否可以透過您提供的電話號碼留下詳細的留言？ * ☐ Yes| 是 ☐ No| 否	
What is your preferred language?* | 您的偏好語言* ☐ Chinese | 中文 ☐ English | 英語 **If Chinese, what is your preferred dialect? | 若是中文，您主要的方言是什麼?** ☐ Simplified - People's Republic of China | 簡體–中華人民共和國 ☐ Traditional - Hong Kong | 繁體–香港 ☐ Taiwan | 台灣 ☐ Other. If other, what is your preferred language and dialect? | 其他如選擇其他，您偏好使用哪種語言及方言? _____	
Mailing address* | 郵寄地址*:	
City* | 城市*:	
State* | 州*:	**Zip Code* | 郵政編碼*:**
Gender* | 性別*: ☐ Female| 女 ☐ Non-binary | 非二元性別 ☐ Male| 男 ☐ Prefer not to say | 選擇不回答	

Washington
Paid Family & Medical Leave
Employment Security Department

Which of the following best describes your ethnicity and/or race? Check all that apply.* | 以下哪項最能描述您的民族及/或種族？勾選所有適用項目。*

- ☐ American Indian or Alaskan Native | 美洲印地安人或阿拉斯加原住民
- ☐ Black or African American | 黑人或非裔美國人
- ☐ Hispanic or Latino/Latina | 西班牙裔或拉丁裔
- ☐ Middle Eastern or Arab American | 中東或阿拉伯裔美國人
- ☐ Native Hawaiian or Other Pacific Islander | 夏威夷原住民或其他太平洋島民
- ☐ East Asian | 東亞人
- ☐ South Asian | 南亞人
- ☐ Southeast Asian | 東南亞人
- ☐ White| 白人
- ☐ Prefer not to say | 選擇不回答
- ☐ Ethnicity and/or race not listed | 未列出民族及/或種族

_____

Leave information | 請假資訊

Complete sections one OR two. All other sections are required. |
請填妥第一或第二部分。所有其他部分為必填部分。

SECTION 1 | 第 1 部分：

If you are a parent that is going to or gave birth | 如果您是即將分娩或已經分娩的父母：

Are you taking leave for medical care during pregnancy? | 您在懷孕期間要請病假嗎?

- ☐ Yes | 是
  If yes, baby's due date or date of birth | 如果是，請填寫嬰兒預產期或出生日期:
  (MM/DD/YYYY) | （月/日/年）_____
- ☐ No | 否

Are you taking leave to recover from giving birth?| 您要休產假嗎?

- ☐ Yes | 是
  If yes, baby's due date or date of birth | 如果是，請填寫嬰兒預產期或出生日期:
  (MM/DD/YYYY) | （月/日/年）_____
- ☐ No | 否

Are you experiencing complications related to your pregnancy or birth? | 您是否遭遇與懷孕或分娩有關的併發症?

- ☐ Yes | 是
- ☐ No | 否

Are you taking leave to bond with your new baby (typically taken after medical leave)? | 您要休假照顧您的新生兒嗎（通常是在病假後)?

- ☐ Yes | 是
  If yes, baby's date of birth | 如果是，請填寫嬰兒的出生日期：
  (MM/DD/YYYY)| （月/日/年）_____
- ☐ No | 否

Washington
Paid Family & Medical Leave
Employment Security Department

SECTION 2| 第 2 部分：

For all other situations | 對於所有其他情況：

Why do you need to take leave? (Choose one) **| 您為何需要請假？**（選擇一項）

- ☐ Medical leave for yourself | 自身病假
- ☐ Leave to care for a family member | 請假照顧家庭成員
  - If yes, which family member are you taking leave for? | 如果是，您是為了哪位家庭成員而需要請假?
    - ☐ Child (or son-in-law, daughter-in-law) | 子女（或女婿、媳婦）
    - ☐ Grandchild | 孫子女
    - ☐ Grandparent (or grandparent of spouse) | （外）祖父母（或配偶的（外）祖父母）
    - ☐ Parent (or parent of spouse) | 父母（或配偶的父母）
    - ☐ Sibling | 兄弟姊妹
    - ☐ Spouse | 配偶
    - ☐ Other | 其他：_____
- ☐ Bonding after the birth of your child| 在孩子出生後建立親子連結
  - If yes, child's date of birth | 如果是，請填寫孩子的出生日期:
  - (MM/DD/YYYY)| （月/日/年）_____
- ☐ Bonding after the placement of your foster child | 安置寄養兒童後建立親子連結
  - If yes, child's date of placement | 如果是，請填寫兒童的安置日期:
  - (MM/DD/YYYY) | （月/日/年）_____
- ☐ Bonding after the adoption of your child | 領養兒童後建立親子連結
  - If yes, child's date of adoption | 如果是，請填寫兒童的領養日期:
  - (MM/DD/YYYY) | （月/日/年）_____
- ☐ Military exigency | 緊急軍事假
  - If yes, which family member are you taking leave for? | 如果是，您是為了哪位家庭成員而需要請假?
    - ☐ Child (or son-in-law, daughter-in-law) | 子女（或女婿、媳婦）
    - ☐ Grandchild | 孫子女
    - ☐ Grandparent (or grandparent of spouse) | （外）祖父母（或配偶的（外）祖父母）
    - ☐ Parent (or parent of spouse) | 父母（或配偶的父母）
    - ☐ Sibling | 兄弟姊妹
    - ☐ Spouse | 配偶
    - ☐ Other | 其他：_____

SECTION 3 | 第 3 部分：

How long do you expect to be on leave?* | 您預計休假多久？ *

Start date (MM/DD/YYYY) | 開始日期（月/日/年）：_____

End date (MM/DD/YYYY) | 結束日期（月/日/年）：_____

Did you know you would need to take leave before your leave started? | 您是否事前知道您會需要請假?

- ☐ Yes| 是
- ☐ No | 否

Washington
Paid Family & Medical Leave
Employment Security Department

Employment information |就業資訊

We need your employment history to determine whether you've worked enough hours to qualify for leave. Please list each employer you've worked for within the last 18 months. Attach additional pages if needed.	我們需要您過往的就業資訊，以決定您的工作時數是否符合請假要求。請列出您在過去 18 個月內曾為其工作每位僱主。如果需要，請另附頁面。

What is your current employment status?* | 您目前的就業狀況如何？ *

- ☐ Full-time salaried employee |全職支薪僱員
- ☐ Full-time hourly employee |全職鐘點工
- ☐ Part-time salaried employee |兼職支薪僱員
- ☐ Part-time hourly employee |兼職鐘點工
- ☐ Unemployed | 失業

Employer name* | 僱主姓名*:

UBI or FEIN* | UBI 或 FEIN*:

Employer phone number* | 僱主電話號碼*:

Is this your current employer?* | 這是您目前的僱主嗎？ *

- ☐ Yes | 是
- ☐ No | 否

Did you notify this employer that you plan to take leave?* | 您是否通知該僱主您打算休假？ *

- ☐ Yes| 是
  If yes, on what date did you notify them? | 如果是，您在哪一天通知他們?
  (MM/DD/YYYY) | （月/日/年）_____
- ☐ No | 否
- ☐ Requirement waived | 放棄要求

Employment start date (MM/DD/YYYY)* | 入職日期（月/日/年）*: _____

Employment end date (MM/DD/YYYY) | 離職日期（月/日/年）*: _____

Employer address* | 僱主地址*:

City* | 城市*:

**State*	州*:**	**Zip Code*	郵政編碼*:**

Washington
Paid Family & Medical Leave
Employment Security Department

Employer name* | 僱主姓名*:	
UBI or FEIN* | UBI 或 FEIN*:	
Employer phone number* | 僱主電話號碼*:	
Is this your current employer?* | 這是您目前的僱主嗎？* ☐ Yes | 是 ☐ No | 否	
Did you notify this employer that you plan to take leave?* | 您是否通知該僱主您打算休假？* ☐ Yes | 是 If yes, on what date did you notify them? | 如果是，您在哪一天通知他們? (MM/DD/YYYY) | （月/日/年）_____ ☐ No | 否 ☐ Requirement waived | 放棄要求	
Employment start date (MM/DD/YYYY)* | 入職日期（月/日/年）*: _____	
Employment end date (MM/DD/YYYY) | 離職日期（月/日/年）*: _____	
Employer address* | 僱主地址*: **City* | 城市*:**	
State* | 州*:	**Zip Code* | 郵政編碼*:**
Employer name* | 僱主姓名*:	
UBI or FEIN* | UBI 或 FEIN*:	
Employer phone number* | 僱主電話號碼*:	
Is this your current employer?* | 這是您目前的僱主嗎？* ☐ Yes | 是 ☐ No | 否	
Did you notify this employer that you plan to take leave?* | 您是否通知該僱主您打算休假？* ☐ Yes | 是 If yes, on what date did you notify them? | 如果是，您在哪一天通知他們? (MM/DD/YYYY) | （月/日/年）_____ ☐ No | 否 ☐ Requirement waived | 放棄要求	
Employment start date (MM/DD/YYYY)* | 入職日期（月/日/年）*: _____	
Employment end date (MM/DD/YYYY) | 離職日期（月/日/年）*: _____	
Employer address* | 僱主地址*: **City* | 城市*:**	
State* | 州*:	**Zip Code* | 郵政編碼*:**

Washington
Paid Family & Medical Leave
Employment Security Department

Consent and signature	**同意和簽名**
We share and receive information about you or your claim with your employers and other programs, such as the Division of Child Support, Workers' Compensation or Unemployment Insurance. We may need to verify information you provide and may request additional information as needed. If you misrepresent yourself, or knowingly withhold information from us, it will be considered fraud. If you provide inaccurate information, we may deny your benefit application or require that you pay back benefits you were given. You could face fines or criminal prosecution.	我們與您的僱主及其他計劃（例如兒童撫養部 (Division of Child Support)、工人賠償部 (Workers' Compensation) 或失業保險部 (Unemployment Insurance)）共享和接收有關您或您索償的資訊。我們或需要核實您提供的資料，並可能在有需要時要求您提供補充資料。 如果您提供錯誤資訊，或故意向我們隱瞞資訊，您的行為將被視為詐騙。如果您提供不準確的資訊，我們可能會拒絕您的福利申請或要求您退回已向您發放的福利。您可能會面臨罰款或刑事檢控。
Signature* | 簽署*:	**Date* | 日期*:**
Printed name* | 正楷姓名*:	

Authorized Representative	**授權代表**
If the person applying for benefits is unable to sign this form because of a serious health condition or injury, an authorized representative may sign on their behalf, provided they also submit a Designated Authorized Representative form.	*若申請福利之人士因存在嚴重疾病或受傷而無法簽署本表格，申請人可透過遞交指定獲授權代表表格，由獲授權代表代為簽署。*
Authorized representative name | 獲授權代表姓名:	
Authorized representative signature | 獲授權代表簽名:	
Date | 日期:	
Phone number | 電話號碼:	
Email| 電郵:	